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Cc:
 Bcc:
 Subject: CME Dissemination Pieces Top Line & Quizzes
 Date: Tue May 07 2002 09:06:50 EDT
 Attachments: Pocket Guide Quiz.doc
 Top Line Review Pocket Guide.doc
 Tune Video Quiz.doc
 Top Line Review Tune Video.doc

As you all know, from now on we will be able to distribute CME approved materials instead of BRC to LTC clinicians. This will allow for more face time with our targets and deliver an effective message. For us to be able to do this we need to become familiar with these pieces and show that we are able to present a credible case on why clinicians need to go through these pieces. Below are the quizzes that we are required to complete in order to distribute these CME materials. Please follow the instructions below and copy me with your emails to [REDACTED]. If we don't comply with this simple requirement, these privileges will be taken away and we will go back to BRC.

[REDACTED]
 05/01/2002 10:53 AM

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 Subject: CME Dissemination Pieces Top Line & Quizzes

LTC District Managers:

Over the next several weeks we will be shipping several CME Pieces to your representatives that have been approved for dissemination. Per our conference call, April 17, I am attaching the Top Line and Quiz for the Larry Tune Video and The Pocket Reference Guide. I am requesting that each of you redirect this e-mail and attachments on to each of your district members for receipt no latter than Friday, May 3, 2002. Per our discussion, I am requesting that each of your representatives review the Tune Video, the accompanying Reference Guide, the Pocket Reference Guide and the attached Top Line Review and complete the two quizzes no latter than Friday, May 10, 2002. I would like your representatives to complete the two quizzes and e-mail me the answers only by close of business Friday, May 10, 2002. Given that these quizzes are essentially an open book quiz, the expectations should be that the representatives should score very well. These quizzes will be in addition to the formal 50 question test, on the six selected proof sources, that will be given at the RM/DM and District Meetings. If any of your representatives will be unable to receive e-mail or will be out of their territories please notify me via e-mail and please make alternate arrangements for those representatives. If you should have any questions, please feel free to contact me.

Thanks,

REDACTED

RTS Long-Term Care

Top Line Review
Reviewed by: [REDACTED]

Title: A Pocket Guide To Dementia and Associated Behavioral Symptoms: Diagnosis, Assessment, And Management. First Edition

Editors: Steffan Gravenstein, MD, MPH, John Franklin, H. Edward Davidson, PharmD, MPH

Publication: Insight Therapeutics, LLC

Funding: This program is sponsored by an unrestricted educational grant from Abbott Laboratories.

CME: ACCESS Medical Group Department of Continuing Education, Arlington Heights, Illinois. 2.0 credits of category 1 of the Physician's Recognition Award of the AMA. Medical Outcomes Management has provided 0.2 CEU's (2.0 contact hours) for pharmacists.

Target Audience: An easy-to-use reference for health care professionals managing patients with dementia.

Educational Objectives: Understand the basic pathophysiology of Alzheimer's disease and other dementias. Understand the diagnosis and classifications of AD, the role of non-medication interventions and the role of pharmacotherapy for AD, dementia and behavioral disturbances associated with dementia.

Context: Autopsy studies indicate that Lewy bodies are in 15%-25% of all cases or elderly demented patients. The use of neuroleptics in patients with DLB should be carefully considered due to characteristic neuroleptic sensitivity. (Pg. 9) A component of the (MMSE) is mood. (Pg. 18) Divalproex is recommended first line (long-term treatment) for agitation associated with mild anger, without aggression. Divalproex is recommended first-line (long-term treatment) for agitation associated with severe anger with aggression. (Pg. 41) Divalproex is recommended alternative treatment (long-term treatment) for agitation associated with psychosis. (Pg. 43) Divalproex is recommended first line treatment (Acute & Long-term treatment) for "Sundowning". (Pg. 44) Divalproex is considered adjunctive therapy for antipsychotics, conventional or atypical and benzodiazapines. (Pg.48) Also, it is recommended that 3-6 weeks be a reasonable period of time to assess the efficacy of Divalproex. (Pg. 48) In addition, the algorithm on page 49 illustrates this same information. The dosing guidelines recommends Divalproex starting at 125mg bid every 3-5 days to a maximum dose of 750-2000 mg/day. (Pg. 50) Side effect profile of Divalproex and other medications can be reviewed. (Pg. 51-52) Available dosage forms are listed for Divalproex and can be reviewed. (Pg. 52-53) Divalproex and the common drug interactions are listed for

review. (Pg. 58) Also, there is a good glossary of terms and explanation of currently used behavioral rating scales listed in the back of the guide. (Pg. 59-79)

Discussion: This is an excellent resource that can be used to provide credit for physicians and pharmacists who are looking for additional continuing education credits. Also, there is some useful information that can offer guidance for clinicians on their use of pharmacotherapy to treat agitation and aggression in dementia.

QUIZ

A Pocket Guide To Dementia And Associated Behavioral Symptoms: Diagnosis Assessment And Management. First Edition

1. T or F This Pocket Guide offers continuing education to nurses.
2. T or F Alzheimer's disease is the major cause of dementia
3. The use of neuroleptics should be used (especially) careful with which type of dementia
 - a. Lewy Body
 - b. Alzheimer' disease
 - c. Vascular dementia
 - d. None of the above
4. T or F a Clock drawing tests can be used to determine the level of cognitive impairment in dementia patients
5. T or F during stage 5 of AD a patient is thought to be in a moderate stage of Alzheimer's disease
6. Divalproex is recommended for all of the following except.
 - a. Alternative therapy (Long Term) for agitation associated with psychosis
 - b. First line (Long Term) for insomnia and agitation
 - c. First line (Acute) for "Sundowning"
 - d. All of the above
7. Divalproex is recommended for a trial of how long to measure response to medication
 - a. 1-2 weeks
 - b. 2-4 weeks
 - c. 3 months
 - d. None of the above
8. Dosing ranges for Divalproex is recommended at
 - a. 500-1500 mg/day
 - b. 600-1725 mg/day
 - c. 125-500 mg/day
 - d. None of the above

9. T or F weight gain is not listed as a side effect of Divalproex
10. Valproic Acid levels may be increased when administered with which of the following drugs
 - a. Phenytoin
 - b. Heparin
 - c. Barbiturates
 - d. None of the above
11. A false idea, sometimes originating in misinterpretation, but firmly believed and strongly maintained in spite of obvious proof or evidence to the contrary is known as
 - a. Delusion
 - b. Dementia
 - c. Delirium
 - d. None of the above
12. HCFA interpretive guidelines section entitled "Antipsychotic Drug Dosage Levels" is known as
 - a. Tag 329
 - b. Tag b52
 - c. Tag F330
 - d. None of the above
13. Antipsychotics should not be used if the patient (only) exhibits which of the following symptoms
 - a. Uncooperativeness
 - b. Restlessness
 - c. Depression (without psychosis)
 - d. All of the above
14. T or F Gabapentin is recommended as Alternative therapy (Long Term) for agitation associated with mild anger, without aggression.
15. T or F MMSE Mini-Mental Status Exams are given to determine the patients cognitive function

Top Line Review
Reviewed by: [REDACTED]

Title: The Role of Mood Stabilizers in Treating Agitation: A Continuing Education Activity for Physician's, Pharmacists and Registered Nurses. A Case Study Video And Reference Guide

Authors: Larry Tune, MD, Lori Daiello, PharmD, Kay Lloyd, RNC, BSN, Andrew Weinberg, MD, CMD, FACP

Publication: ABCOMM Inc., Champaign, Illinois

Funding: Supported by an unrestricted educational grant from Abbott Laboratories.

CME: 2 hours of category 1 credit towards the AMA Physician's Recognition Award. 2 Contact hours (0.2 CEU's) for pharmacists and 1.3 contact hours for nursing.

Target Audience: Physician's, pharmacists and nurses who would like more information and continuing education of the role of mood stabilizers in treating agitation.

Purpose and Objectives: To describe the symptomology and evaluation of agitated and aggressive behaviors in dementia. Also, discuss non-pharmacological interventions as well as the role of mood stabilizers in for the treatment of agitation and aggression in dementia.

Context: The case studies in the accompanying video demonstrate that memory and judgment become increasingly impaired as individuals transition from mild to moderate and severe dementia, and thus exhibit more behavioral and psychiatric symptoms, specifically agitation and aggression. (Pg. 5) Table 1 on page 7 gives a nice illustration of a clinical assessment of agitation while Table 3 on page 9 gets more specific about defining behavioral management. It is helpful to classify behavioral and psychiatric symptoms associated with dementia (psychosis, mania/mood features, anxiety) (Pg. 10) Anticonvulsants are an option for "nonspecific" agitation and agitation presenting with affective features. (Pg. 10) Further, it is important to remember than disorders such as depression and psychosis may coexist, warranting combination therapy. (Pg. 10) There is also an in depth technical analysis of the neuroprotective effects of mood stabilizers such as divalproex. (Pg. 10) The use of antipsychotic drugs to treat anxiety, restlessness, or even agitation, in the absence of psychotic features, is no longer considered appropriate, (Pg. 11) Currently, the OBRA guidelines do not mandate dosage guidelines or dose reductions for mood stabilizers in the treatment dementia-related behavior symptoms. (Pg. 11) Table 4 on page 12 and 13 shows where mood stabilizers are

recommended. Table 5 on page 14 and 15 discusses the dosage, formulation, and adverse effects of divalproex as-well-as other medications used to treat behavior. In the case of divalproex, federal nursing home guidelines do not require serum drug level monitoring. However, obtaining a serum valproate level may be helpful if a significant change in a resident's behavior or if clinical symptoms, such as excessive bruising, are observed. (Pg. 16) Table 6 on page 17 discusses the potential drug interactions of divalproex and other medications used to treat behavior. (Pg. 17)

Discussion: The reference guide to the video would be an excellent tool for selling an in-service or viewing for participants wanting additional information or continuing education of the role of mood stabilizers in treating dementia. However, I think viewing the video, in part or in totality, offers a much better educational benefit. Furthermore, Dr. Tune, Dr. Weinberg and Lori Daiello all share their clinical experience using divalproex sodium to treat behavioral problems in dementia patients. Also, it is beneficial to see the case studies and listen to the dialogue that goes on between the clinicians.

QUIZ

The Role of Mood Stabilizers in Treating Agitation: A Continuing Education Activity for Physician's, Pharmacists and Registered Nurses. A Case Study Video And Reference Guide.

1. Each year the treatment costs for dementia in the U.S. alone are?
 - a. \$100 billion
 - b. \$100 million
 - c. \$500 million
 - d. None of the above
2. T or F This program is designed to assess behavioral and psychological symptoms in patients with dementia and discuss treatment of agitation and aggression in the long-term care setting.
3. Which of the following is a part of the healthcare team
 - a. Physicians
 - b. Pharmacists
 - c. Family
 - d. All of the above
4. T or F Sleep assessment is part of the clinical assessment of agitation.
5. T or F Cholinesterase inhibitors may be effective in treating behavioral and psychiatric symptoms
6. T or F. OBRA guidelines mandate the dosage and titration of mood stabilizers
7. T or F Lori Daiello suggests that you would probably not see LFT values change in dementia patients.
8. T or F Lori Daiello recommends that a base line LFT test be taken
9. What is the dosage range for divalproex recommended by the reference guide
 - a. 250-500 mg/day
 - b. 750-2000 mg/day
 - c. 1000-1500 mg/day
 - d. None of the above

10. Valproate levels may be increased by which of the following medications
- a. Aspirin
 - b. Felbamate
 - c. None of the above
 - d. All of the above